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PTO/SB/17 (07-07)
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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/538,491-Conf. #7065 June 9, 2005 FFF TRANSMIT Filing Date

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
METHOD OF PAYMENT (\$) 520.00 Attorney Docket No. 0630-2337PUS1 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION
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Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION
FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES
FILING FEES SEARCH FEES EXAMINATION FEES
Application Type Fee (\$) Fee (
Utility 300 150 500 250 200 100
Design 200 100 100 50 130 65
Plant 200 100 300 150 160 80
Reissue 300 150 500 250 600 300
Provisional 200 100 0 0 0 0
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)
ree Description
Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100
Multiple dependent claims 360 180
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
15 - 20 = 0 x 50.00 = 0.00 Fee (\$) Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.
Indep. Claims
5 -3 = 2 × 200.00 = 400.00
HP = highest number of independent claims paid for, if greater than 3.
3. APPLICATION SIZE FEE
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
100 = /50 = (round up to a whole number) x =
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00

Registration No. (Attorney/Agent)

39,538

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